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ABSTRACT

This report describes Boise Group Homes, a program in Boise, Idaho, which integrates people with severe disabilities into community life. The report is based on a site visit, which included visits to group homes, interviews with program staff, and review of program documents. Three areas of promising practices reflect the values and commitment of the staff: environments and images; appearances of daily life in working, living, and learning; and staff development and organizational supports. The staff makes efforts to normalize the home environment and the lives of the residents, and staff members are referred to as "part-time residents," to minimize the connotation of a worker/client relationship. Positive reinforcement is used extensively to promote learning of functional skills and social behavior. Residents often participate in community activities, and staff continually seek to expand the breadth of activities. Staff development involves completion of several inservice modules, each of which contains a series of objectives, readings, videotapes, and a pre/post-test. An appendix contains a program description produced by Boise Group Homes, which outlines the organizational intent, characteristics of the homes, characteristics of resident instruction, staff patterns and training, and organizational structure. (JDD)

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SITE VISIT REPORT

BOISE GROUP HOMES

BOISE, IDAHO

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SITE VISIT REPORT

BOISE GROUP HOMES

BOISE, IDAHO

August 25 - 27, 1986

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The site visit was conducted through the Research and Training Center on Community Integration, funded by the National Institute on Disability and Rehabilitation Research, U. S. Department of Education through Cooperative Agreement No. G0085C03503 with the Center on Human Policy, Syracuse University. The views expressed in this report do not necessarily reflect the opinions of the U. S. Department of Education and no official endorsement should be inferred.

This is one of a series of reports on programs and services that support people with severe disabilities in the community. The purpose of the series is not to evaluate programs or services, but rather to describe innovative practices for integrating people with disabilities into community life.

This report is based on a two and a half day site visit from the afternoon of August 25 through early evening August 27, 1986. The site visit included brief visits to five group homes and extended return visits to three of the five. The visit also included interviews with the program director, two program supervisors, the medical director, and three staff. Visits also afforded opportunities to briefly interview three other staff as well as to review program plans, program descriptions, inservice training materials, and program policies.

The purpose of the site visit was not to conduct an evaluation. Rather, the purpose was simply to identify and document promising practices and good ideas for serving people with severe disabilities and challenging needs in community settings.

It was almost 5:00 on a very hot Monday afternoon when my guide and I pulled into the driveway of the third house on our tour. The house was in the middle of a fairly new upper middle class suburban development. As we entered the door Paul* jumped up to greet us saying, "That you? That you?" After shaking my hand he led us through a family room to the kitchen where we found four more people preparing dinner. Later, at another house, Alice, Tom and Jason gathered around me, not speaking, but looking, smiling, and shifting back and forth on their feet. Alice, twisting her wrist repeatedly, seemed to be either waving or trying to communicate something I was not adept enough to decipher.

The people who live in four of the five Boise Group Homes clearly demonstrated their interest in my visit. During a long conversation with a staff person in the bedroom of one of the homes, Chris, Pam and Jay stayed close, sitting on the floor and lounging on the bed, occasionally reaching out to touch me as if joining the interview. Later, Chris invited me to his room where he pointed out a small framed picture made at the Fair. He also showed me a picture of his family, carefully pointing to and naming each relative. During a second visit he greeted me with an invitation to look through a magazine as he pointed out familiar words and pictures. Jay, somewhat laboriously but with ultimate success, poured me a glass of sun tea from a batch that he had made the day before. Jennifer guided me around the house after breakfast, on a tour without commentary. No one hung back as if waiting for direction or permission; no one watched from a distance as if unconnected with the life of this place. Though these people did not arrange for my visit, they did invite me into their homes with warmth and spontaneity, if not with words.

* All proper names are pseudonyms.

Only one person I met was really able to converse, though his speech was halting and difficult to understand. In two and a half days I heard a word or two from a few other folks, but most people expressed their interest in my visit quite silently. All of the 35 residents of Boise Group Homes are considered severely handicapped. In fact, both school and mental health officials consider them among the least able, most difficult children and young adults not still living in the state institution, although many did live there before moving to Boise Group Homes. Most of the residents walk, but some have physical and medical impairments that significantly limit their mobility. A few, who live in the largest home, use only wheelchairs, and some others have very severe hearing and vision impairments. All are mentally retarded, but none would be considered seriously medically at risk or in need of constant nursing or medical care. Some are described as having troublesome behaviors and most are very challenging to teach, but none would be considered extremely "aggressive" or "disturbed."

Background

Boise Group Homes began in 1978 through the joint efforts of two friends interested in working with persons with severe handicaps. One of the two encountered a family who had a son living in an institution in California, the parents wished he could move closer to home so together the group began the first of what is now five homes. Each addition of a new home responded to some new need: George and Tom graduated from high school and had nowhere else to move, the Patterson's needed a place for their daughter whose presence at home threatened the health of her expectant mother. My initial tour recapitulated the organization's evolution from one large, 12-bed, nursing home-like facility, through four more homes in increasingly newer, and more expensive-

looking suburban neighborhoods. As we proceeded chronologically, my guide pointed out how each new home tried to respond to the lessons of earlier experiences: fewer residents, different layout of rooms, different choices of furniture, more and different decorations, and so on.

All of the homes are funded through ICF/MR at an average cost of about \$65 per day with a range of \$55 to \$75. Although they began with traditional shift staffing, and moved to a short-lived experiment with live-in couples, now all but the 12-bed home are staffed by four staff of the same sex who alternate two person live-in shifts of five days each. Two supervisors share responsibility for the four smaller homes, while a third supervisor manages the large facility. The program director and business director, the two founders, together with a medical director complete the administrative staff.

Boise Group Homes is not without problems. In fact, the director speaks of some aspects of the organization with regret. All staff seemed focused on recognizing, and solving new problems. For example the director talked about his growing awareness that the field seems to be moving away from group homes as a model for community residential services, preferring instead choices that seem to resemble small family units more closely. He, too, hopes that future homes can be even smaller. But despite the new criticism of "group homes," all the staff believe that the people who live in Boise Group Homes live in good environments and experience active, growing lives. I quickly noticed three areas of promising practices at Boise Group Homes, which reflect the values and commitment of the entire staff:

1. Environments and images.
2. Appearance of daily life: working, living and learning.
3. Staff development and organizational supports.

Environments and Images

Boise is growing to the West. The East and North are blocked by mountains and desert, so the west side shopping centers and housing developments inch the center of town further and further away from the capitol building. The four small group homes are each part of increasingly newer suburban developments, emphasizing the chronology of the organization. Mollycourt, the newest home, is one of only about a half dozen occupied in their edge-of-town development behind a brand new shopping center.

The homes are large -- four bedrooms, attached garage, family room -- and possess many of the accessories typical for the neighborhood including fireplaces or stoves, wall-to-wall carpeting, patios, and dishwashers. The yards are well-landscaped and maintained by administrative staff, with the occasional help of house staff and residents.

Home furnishings are attractive and varied. Plump couches, stylish lamps, interesting pictures and wall-hangings, and lots of plants add to both the comfort and personality of different homes. Staff seem quite attentive to these details of image and appearance. One house has pictures of both the full time and part time residents on the mantle. Janet's bedroom, in another of the houses, has a large mirrored dresser and frilly curtains, while the wall over Jason's bed is covered by a large tapestry-like wall hanging depicting a horse. Most bedroom dressers and walls have items of personal use and interest: a small plant, a new wave poster, radios, clocks, and grooming items.

Staff try to make the homes not just homelike, but homey. Jane talked of her sense that the homes lacked "clutter," that impression of organized messiness -- of "lived-in-ness:"

I walked in the other day <and noticed> Gwen had been reading a magazine. There was a magazine open on the coffee table and there was a newspaper or something on the couch. And I thought, "That feels good. Somebody lives here."

Jane reported that they are using some of each month's budget to add "things" to the environment that will personalize their appearance more, adding an ordinary amount of clutter.

The organization is attentive to image in other ways as well. Residents travel in the community only in small groups of two and three. Each of the homes has a station wagon, but no big van. Staff make sure that full time residents are well dressed and groomed both inside and outside their home. Attention to appearance even extends to only making clothing purchases that residents can manage on their own. Thus, most of the young men wear pullover shirts and jeans. Only a couple of the women wear dresses, because they demand too much skill at a wider variety of closures, plus an ability to don stockings, slippers and other necessary accessories. While some women focus on acquiring these skills, others find their current level of independence in jeans and blouses or shirts. The director also spoke of a continuing struggle to help residents choose pajamas that do not require buttoning -- a skill many have not yet mastered.

Perhaps the most interesting way in which staff are attentive to details of image and appearance involves the relationships between part time and full time residents. The choice of language itself speaks to the concern. House staff, who live with residents for 5 days at a time, are "part time residents." They eat the same food at the same time as full time residents, and they are

careful not to appear "parental" by sitting at the head of the table. Later homes have been redesigned so that there is no "master" bedroom used by staff, but only a "back bedroom" and "back bathroom." In one house the only shower is in the bathroom off the staff bedroom so it must be shared by all residents, de-emphasizing status differences according to space. In fact, in the three houses where I spent most of my time, full time residents seemed to freely use all areas of the house, including the staff bedroom. The director and supervisors have even discussed having part time residents share a bedroom with a full time resident, but since most staff are female and most residents male, it may not be feasible.

A final example of attention to image involves the choice of language used to refer to full time residents. Throughout my visit, I only rarely heard people referred to as "clients" or even "residents." Instead, all staff seemed to use "the guys." According to Charles, one of the supervisors, the choice was a deliberate effort to "decrease the differentiation between .. a person who lives here full-time as opposed to a person who lives here part-time and works as a trainer." Since there are more males living in the homes, "guys" becomes the majority choice despite the mild gender discrimination, although Charles admits that they are still searching for something better and more accurate.

Daily Life: Working, Living and Learning

Most house staff are female and young (between 18 and 24). Many are thinking about college, some may have actually completed a few years. All are enthusiastic and energetic. They "look good" with the residents, because in most cases they are age peers. These staff are also key to the success of the organization. They must individually negotiate a balance between the competing

demands of the organization to be peers, not parents; to feel at home and at work; to teach, but not to train.

After three years Michelle does think of Pennfield as home. She keeps her own comforter on her bed, and puts her clothes in drawers and closets instead of living out of a suitcase for five days. But the key for most staff is in the relationships they develop with residents. Janice explained that she considers the "guys" more like her friends

than as a client/worker relationship because that puts a lot of distance. To say, 'Okay, I'm the worker and you're the client and we're going to do this.' <is not the same as if> you do it as a friend... 'Come on, let's go do this.'

In various ways all the staff talked and demonstrated the strength of their relationships with residents. An overwhelming impression throughout the organization was that not only did people like their work, they liked the people, though most had difficulty explaining why in any detail. Janice talked about how expressive Bob was with his eyes, and how much Dick made her laugh. Donna felt that Rick was sensitive to her need for emotional support and recounted an incident when he spontaneously offered a pat on the back and a cup of coffee on a day she was feeling frustrated and "low." Since Rick doesn't talk their tete-a-tete did not include "a real uplifting conversation," but Donna remembers it as especially comforting nonetheless.

The staff enjoy seeing residents learn new things, but this, too, seems to be guided more by personal attachment than by a detached satisfaction in a technology that works. Janice spoke of times when Dick "gets mad" at her because she has "consequented behavior that in ways aren't normal."

...You have to time them out, and that makes me feel like a parent instead of a friend, but it has to be done. I'm doing it for them so that they can look better, <although> it hurts Dick's feelings...I have a hard time doing it sometimes, <but> then we see what it does. <Dick> used to yell a lot when we took him out, and now he's fine. It makes Dick look a lot more competent... He looks so good when you take him out now, I took him shopping the other day...It was great because he wasn't touching and grabbing. It was great!

Each staff person is assigned to three residents. They are responsible for teaching, keeping records, and making changes in programs for each of the residents in their group. Each resident has detailed programs to build competence and variety in their lives. Some of these involve learning specific skills, like tying a shoe, zipping jackets, reading words, or imitating gestures. But many other programs involve learning how to participate in a wide variety of daily activities, from completing a morning dressing and grooming routine to setting the table, unloading the dishwasher, dusting and vacuuming, or making biscuits, popcorn, sun tea, or even fettucini alfredo. Several staff talked about particularly enjoying working on "leisure programs" because they liked seeing the "guys" have a good time. One new program involved teaching Tom how to sunbathe in the backyard, but most gave staff an opportunity to also play: darts, croquet, and cards seemed to be favorites.

Even beyond written "programs" most staff try to seize opportunities to involve residents in a wide range of other activities which encourage learning. In fact, Charlie, a supervisor, described a "good" staff person as one who had

learned to "use teachable moments" to enhance lives and build competence. For example, while Jay was preparing me a glass of his sun tea, Chris decided he also wanted some. Although it was clearly not a "program," Lois guided Chris through all the steps, including wiping up spilled ice, tea and sugar. Similarly, Janet enlisted Brad to help make cream of wheat for breakfast simply because he was standing around the kitchen looking at loose ends.

One symbol of the difficulty of achieving an easy balance between training and ongoing growth is staff's use of aprons which contain a variety of small food, like raisins, marshmallows, and pieces of candy. As the director pointed out, these aprons serve as a constant reminder to staff that they should be positive and supportive with residents. At the same time, the aprons clearly differentiate staff from residents to even the most casual observer. Certainly all staff were actively positive with residents during my visit, but they also seemed aware of the inconsistency of the aprons and their goals of "normalization," "competence," and "variety." For example, staff never wear the aprons outside the houses. Two staff discussed their strategies for minimizing the power of the aprons, and the food reinforcers, to differentiate:

Lisa: I try to hand them. I try not to put them in their mouths. I try to give it to them so they can eat it themselves. I think that's a little bit better. Yeah, but it's true that it makes them appear different because they are getting things <to eat>.

Gwen: When we are out on outings, though, he eats regular <food>.

Lisa: Yeah, like when I went to a concert in the park we had little bags of Skittles and Jay carried them. I carried it at first and it was really funny ... we sat down and I was handing them to him. <Then> he took the bag out of my hand and was handing them to me instead. I was reinforcing him and he decided that he wanted to hold the bag ... he'd eat, then he'd give one to me every once in awhile.

The staff look forward to community activities, like picnics, going to concerts or the beach. Although every resident participates in some kind of community activity at least twice per five day shift, most staff talked about a continuing need to develop more community-based opportunities for both learning and participation. There are already a few examples: Seth is responsible for gassing up the car every week and Shelly is joining a scout troop. But all feel the need for more. During my visit various staff talked of looking for clubs and groups residents could join, figuring out how to involve them in shopping for the weekly groceries, getting a library card for Denise, visiting the art gallery more often, maybe going to the neighborhood block party this year. More and better opportunities for community, and neighborhood, integration is a new focus of development for the organization.

Staff Development

One of the strongest and most compelling features of Boise Group Homes is reflected in the positive energy and enthusiasm of the staff. Throughout my visit I never heard a staff person say "no" to a resident. Sometimes the positive reinforcement seemed a bit contrived and stilted, but the climate of

all the small homes was definitely positive, organized, and busy, while also flexible and relaxed. In most cases, both staff and residents seemed busy without being regimented, and relaxed without being bored.

That house staff come so close to achieving a balance between work and home, both for themselves and the residents, is largely a function of the inservice system. Certainly, staff are not paid any more than comparable staff elsewhere. The turnover rate at Boise Group Homes conforms to that experienced by other similar organizations, with an average length of stay for house staff of 18-24 months. The organization also imposes some fairly stringent rules on staff behavior. For example, staff are discouraged from having friends visit or making personal phone calls since they might be more likely to feel too "at home" at the expense of spending time with residents. Staff also cannot play stereos or radios since music is used as a reward or reinforcer for many residents and would lose its power if generally available in the home. The five days on, five days off schedule might also seem restrictive, although most staff I talked with seemed to prefer the arrangement.

According to the program director, the key to the staff development system is "creating a need to know" in new staff since "if staff are learning and growing, residents will too." The inservices are organized into three stages lasting one month, three months and six months each. Each separate inservice is divided into one, six, or eight modules, each of which contains several self-contained, self-paced units. Designed to take about a week to complete, each unit contains a series of objectives, readings, video-tapes and a pre/post-test. As employees pass each test, they move on to the next unit or module. If they do not pass the post-test they repeat the module until they do pass. As staff proceed through each stage of the inservices, their employee

rank, and salary, changes. Completion of inservice tests is paired with direct observation and reaction from supervisors at each stage. The following summary of staff inservices is excerpted from "A Brief Program Description," a document provided by the organization to all visitors.

The first level of training lasts one month and serves as a period for staff to build relationships with residents. Staff are required to learn the routines, medical procedures, and significant medical and behavioral concerns of each resident. They are observed weekly in a variety of situations (i.e., during the meals, during structured and unstructured activities) by their immediate supervisor and given feedback about their interactions with residents and their progress towards acquiring the first month job duties. At this level supervisors attempt to build a foundation for the next levels of inservice by stressing interactions that are both positive and proactive. Staff are encouraged to create and recognize opportunities for resident participation and to avoid the trap of making decisions for residents based on a priority of "staff convenience." Following an evaluation at the end of the first month and satisfactory completion of the one month requirement, they begin the second level of inservice.

The second level lasts three months and focuses on teaching techniques. Staff read and take tests on written material introducing basic instructional principles. Staff

are observed a minimum of weekly the first month and every two weeks the following two months. They are observed specifically for their teaching interactions and their ability to provide adequate assistance, reinforcement and assessment to strengthen independence. Following each observation they receive specific feedback from their supervisor in techniques which are successful and areas needing improvement.

The third level lasts six months with an emphasis on developing an understanding of the principles of learning. Staff are required to complete a twenty-one unit inservice (material adapted from University of Kansas paraprofessional training material). Each unit addresses a specific learning principle. Observations are continued with staff a minimum of every two to three weeks while they conduct teaching programs. When working with staff the supervisor stresses the application of the specific principles being covered during that week's inservice. Upon successful completion of this part of the inservice in addition to a promotion and pay raise, staff receive a gift certificate to a restaurant of their choice.

Once employees complete the three inservice packages, they may choose to continue working through advanced inservice material focusing on both principles of learning and normalization. Completion of additional inservice can result in becoming a "lead worker." One lead worker is assigned to each five day shift to provide guidance and assistance in the absence of the

supervisor (who is responsible for managing two homes). Thus, a lead worker is present in one of the four small homes at all times.

While this system might not seem particularly novel or unique when described, it operates in quite an impressive way. Staff demonstrate what they learn from the inservices in their interaction with residents, their emphasis on positive support, and their basic instructional skills. They are also eager and motivated to keep reading, take more tests and practice the new things they learn. Jane, who has completed the first two parts of the inservice and is making her way through the last, "big" inservice, enjoys the training because "they don't just say, 'well, do this because it works.' They teach us so we know why it works." Jane's partner, Bea, is a newer employee. In fact, Jane has worked with several newer employees. She urges new staff to hurry and complete the inservices so they "will understand." When they ask her the reason for some program or instructor, she advises them to "do an inservice! I want them to get done with it ... you learn a lot which is, I think, really important to the guys." All the staff support newer employees by helping them with readings and tests, and pointing out examples of what they are learning.

At Mollycourt I met Christine who was just beginning her fifth day. We chatted as she scraped breakfast dishes and loaded the dishwasher. She said she "really loves the work" but finds the mornings difficult because she "has so much to do." Her partner, Lisa, quickly pointed out from across the room, "But look how much better you did today than yesterday. It's getting easier every day!"

What seems to make the system work is not just the demand that staff learn, but the enthusiasm and support with which they are helped to learn. Supervisors systematically assess and nurture staff growth throughout the ten

months required to complete all the inservice levels. Janice explains her system:

When somebody first comes in and they've got all this stuff to learn....I look at them and <ask myself if>, "they really like the guys and they really want to be successful and do a good job." If I can get those two things, then the rest is easy....If <saying> "no" comes real easy, I worry. <But> if they feel positive...if they ask a lot of questions, if they seem interested... then I feel good about them and I know they <will be> okay. I feel I can trust them.

Once I've made that assessment, then we start working on the other things... I start out getting them just to use reinforcements. Just getting them comfortable with doing that because it <can> feel kind of wierd. Then I talk about how <people> learn the tasks. I emphasize the importance of cycle of constancy -- how to change Sds. Then we start working on how to use reinforcers effectively, trying to analyze problems as they are occurring. When they get to that point they have usually been here for awhile.

Although Janice's description seems well thought out and sequenced, the organization tries to leave little to chance. The supervisor's training materials clearly specify the goals they should focus on achieving with employees during each level of their training:

Goals for the One Month Employee

1. High rates of reinforcement, even though it may be poorly executed or mistimed.
2. Establishing a relationship with the clients and maintaining a positive attitude.
3. Staying on schedule.
4. Appropriate interactions at meals.
5. Allowing for client independence.
6. Remembering the contingencies.
7. Attending to the clients and staying on task.
8. <Being> excited, energetic and enthusiastic.

Goals for the Second through Fourth Month Employee

1. Using reinforcement contingently.
2. Avoiding behavior problems by using reinforcement and redirection techniques.
3. Maintaining cycle constancy.
4. Finding and reinforcing successive approximations.
5. Using good assessment techniques, anticipating errors, diagnosing errors, varying reinforcement, identifying relationships between Sds, responses and consequences.
6. Prompting correctly including timing, selection, intensity and execution.
7. Using graduated guidance technique.
8. Assessing for difficult steps.
9. Following plan sheets correctly.

These systems of staff development and support result in a busy, focused climate that is positive, enthusiastic and supportive of all participants. Supervisors make a special effort to make sure that resident's programs always show growth and progress. They invite and value the suggestions of staff for improving and changing all aspects of the program, from reinforcement schedules to choices of community events, and knick knacks in the houses. The heart of the system as the program director hoped, is that staff seem to "get as much out of it as the residents do." Different staff seem to appreciate different aspects of their work. Some talk most about their relationships, others seem to enjoy teaching and seeing residents finally succeed after lots of effort and time. At least one young woman I talked with seemed most proud of her ability to produce many fewer burned meals. Whatever the exact reason, all staff seem to find their work much more than a job.

Even a relatively brief visit at Boise Group Homes provides a welcome opportunity to meet and talk with people who are deeply committed to creating environments and opportunities where both people with no disabilities and people with quite severe disabilities can develop together. The task is not easily accomplished, but one soon realizes that these folks willingly embrace the challenge. In so doing they also openly share their flaws and regrets as evidence of their growth.

Summary Thoughts

Boise Group Homes is not a perfect program. The particular group of individuals, particularly the directors, would be very difficult to replicate exactly. The program director's leadership seems to be the fulcrum upon which the entire system maintains a creative balance between developing and maintaining a system of community service and support for persons with quite

severe disabilities. Nevertheless other programs could certainly benefit from trying to emulate some of the positive features at Boise Group Homes discussed in this report.

New areas of development for the organization reflect their commitment to their value-driven mission to enhance the lives and competence of persons with severe disabilities. They hope that future homes will have even fewer residents — perhaps only three or four. The director has discovered a new kind of recessed, unobtrusive sprinkler system being required by some municipalities so that they can decrease the number of fire stations. He hopes to find a way to incorporate the system into a future home so that persons who use wheelchairs can live in smaller, more appropriate environments. All the staff are focusing on ways to help residents spend more time and develop more relationships with their neighborhood and communities. Despite some flaws in this organization, as in most organizations, its greatest strength is that such flaws will not long remain unnoticed or unaddressed.

APPENDIX

BOISE GROUP HOME, INC.
Boise, Idaho

A BRIEF PROGRAM DESCRIPTION

ORGANIZATIONAL INTENT

Boise Group Home is a not-for-profit agency providing residential services to individuals with severe disabilities. The agency was first organized in 1978 and opened its first home in November of that year. Currently the agency operates five homes which are licensed and funded as Intermediate Care Facilities serving a total of thirty-five people. The organization was formed to provide an alternative residential service within local neighborhoods emphasizing the security and support of family style living in combination with direct instruction in personal management skills. The goal is to balance the need for life-sharing with the need for an intensive teaching program. The intent of the program is to expand an individual's personal competencies while systematically reducing the program structure as more complex behavior is acquired, and simultaneously to develop an individual's ability to communicate personal preferences. In effect, the goal is to enhance a person's life style by increasing the variety and quality of available options, creating the ability to express choices, and developing the skills to act on those choices.

CHARACTERISTICS OF THE HOMES

The first home was specially designed for twelve school-age individuals. In addition to being over scaled (12 beds), the home was specially modified to meet life safety code for non-ambulatory individuals by having a built in sprinkler system. After opening it became apparent that this home was too large and created barriers to achieving the organizations original goals.

In subsequent years four smaller homes were developed which were better suited to a more 'normative' life style. Three of these homes provide residence for six people with the fourth home providing residence for five people. Each is a four bedroom home with approximately 2500 square feet in an existing middle or upper middle class neighborhood and has no distinguishing characteristics which sets it apart from any other home in the neighborhood. The only special modifications are the addition of a separate water heater for dishwashing and laundry, and an interconnected fire alarm. Station wagons were purchased for each home to provide transportation inconspicuously and to remain consistent with family style living.

CHARACTERISTICS OF THE INSTRUCTION

All teaching is systematically arranged and designed around a data-based model emphasizing an errorless learning approach. Instruction is arranged at naturally occurring opportunities. For example, instruction in dressing is carried out within the context of the morning routine when getting ready for breakfast and/or within the evening routine when getting ready for bed. Objectives are established by a multi-disciplinary team and each habilitation program is reviewed quarterly by the team and monthly by the program director. Direct service staff meet as a group with their supervisor monthly to discuss each residents program and to coordinate its implementation. Each objective is arranged into a program including a task analysis, a detailed instructional plan and a data collection format for monitoring progress. Residents typically receive an average of 100 minutes of daily individual direct instruction in personal management skills: self-initiation of toileting, dressing, eating, bathing, etc.; domestic skills: making a bed, cleaning up after a meal, meal preparation, room care, laundering of clothes, etc.; community living skills: street crossing, walking in the community, making purchases, use of restaurants, use of theaters, use of entertainment centers, etc.; reduction of inappropriate behaviors: damage to property, aggression to self or others, stereotyping, severe noncompliance, pica, coprophagy, etc..

All school-age children attend an eleven month public school program and all the adults attend work training programs during the day.

STAFF PATTERNS AND TRAINING

The largest and first home is staffed by eleven direct service staff working a shift pattern with the addition of two full time cooks who prepare the meals. At any given time three staff and one cook are on duty with the exception of nighttime, when only one staff is present. The smaller homes have four live in staff who are responsible for all household chores and routines. In these homes staff live in five days and are off five days, at any given time two staff are present.

Residents are accepted into the homes based upon their age and compatibility with each other. Adults reside in two of the homes, younger adults reside in a third home, and teenagers/preteens reside in the fourth and fifth home. Within each home the residents are organized by their age and compatibility; the

A Brief Program Description
Page Three

largest home has three groups of four residents (12 total) with the smaller homes having two groups of three residents (6 total). Each staff member is assigned to a group for whom they are responsible to provide all teaching and support activities. This facilitates accountability and helps to establish closer relationships.

Staff are hired following a three phase screening process. The first phase involves applicants taking short written tests following a series of readings. The first reading is a section from the inservice to test an individuals ability to understand written material. The second reading is a series of hypothetical situations asking individuals to develop positive solutions to each teaching or behavior problem. This is to test for a persons ability to make assessments and to problem solve. The second phase of the interview is conducted by two supervisors to narrow the group of applicants to five top candidates. The third and last phase involves the applicant interacting directly with a resident. This portion of the interview is conducted by the supervisor and the leadworker with whom they will be working.

Most direct service staff are between the ages of 20 and 30 years old and the majority have not had prior experience with individuals with severe disabilities. Therefore, a priority is given to the development and instruction of the direct service personnel. Each new staff member is required to complete a ten month inservice training program, that is divided into several levels. A promotion and pay raise is given upon successful completion of each level. Special contingencies (e.g. gift certificates to restaurants or stores) are also periodically arranged for progressing in the inservice. All the staff training materials are self-paced so staff can progress at their own rate and receive individual attention.

The first level of training lasts one month and serves as a period for staff to build relationships with residents. Staff are required to learn the routines, medical procedures, and significant medical and behavioral concerns of each resident. They are observed weekly in a variety of situations (i.e. during the meals, during structured and unstructured activities) by their immediate supervisor and given feedback about their interactions with residents and their progress towards acquiring the first month job duties. At this level supervisors attempt to build a foundation for the next levels of inservice by stressing interactions that are both positive and proactive. Staff are encouraged to create and recognize opportunities for resident participation and to avoid the trap of making decisions for residents based on a priority of 'staff convenience'. Following an evaluation at the end of the first month and satisfactory

A Brief Program Description

Page Four

completion of the one month requirements (see attached orientation checklist) they begin the second level of inservice.

The second level lasts three months and focuses on teaching techniques (see attached orientation checklist). Staff read and take tests on written material introducing basic instructional principles (see attached introduction). Staff are observed a minimum of weekly the first month and every two weeks the following two months. They are observed specifically for their teaching interactions and their ability to provide adequate assistance, reinforcement and assessment to strengthen independence. Following each observation they receive specific feedback from their supervisor in techniques which are successful and areas needing improvement.

The third level lasts six months with an emphasis on developing an understanding of the principles of learning (see orientation checklist). Staff are required to complete a twenty-one unit inservice (material adapted from University of Kansas paraprofessional training material), each unit addresses a specific learning principle (see attached outline of inservice). Observations are continued with staff a minimum of every two to three weeks while they conduct teaching programs. When working with staff the supervisor stresses the application of the specific principles being covered during that week's inservice. Upon successful completion of this part of the inservice in addition to a promotion and pay raise staff receive a gift certificate to a restaurant of their choice.

All supervisory observations are viewed as opportunities to support, motivate and strengthen staff expectations about each residents' (and hopefully their own) capacity for learning. Supervisors emphasize staff's role and responsibility in this learning process. They stress the positive aspects of staff's interactions and correct the weaknesses with demonstrations and practice. Supervisors attempt to model 'good' teaching techniques using positive interactions and gradually raising their criterion as more skills are mastered and more information is acquired by staff.

Following completion of the ten months of inservice staff are given the opportunity to develop their own programs. They are taught how to develop the basic components of an instructional program, how to monitor progress and how to adjust the program as indicated by the rate of progress. Staff who successfully complete this portion of the inservice receive a gift certificate to a store and advance to a higher paygrade.

A Brief Program Description
Page Five

If an individual shows interest and aptitude they are considered for advancement to a leadworker position. The leadworker, in addition to their regular direct service responsibilities to residents are expected to have a good working knowledge of the principles of learning, to understand and apply the principles of social role valorization (material adapted from PASS/PASSING), to assist staff in eliminating any barriers which might prevent them from successfully carrying out their duties and more importantly serve as a model for other staff. This position requires an additional sixteen unit inservice on the principles of social role valorization (see attached orientation checklist and inservice introduction).

If an individual performs successfully at this level they are able to apply for a supervisory position. This person is responsible for twelve client's teaching programs and eight to nine staffs' training. Supervisors receive a one year course in applied behavior analysis techniques and an advanced level of social role valorization. Supervisors are trained in techniques for conducting staff observations, giving staff feedback, giving job performance evaluations, counselling techniques, and conducting meetings. Supervisors are encouraged to attend workshops and classes outside the group home to enhance their skills. They are encouraged to gain a professional orientation in the best meaning of professional, and to become more career oriented.

ORGANIZATIONAL STRUCTURE

The organization is administered by one individual managing all business matters and coordinating other activities with outside agencies (inspection of care, public schools, intake and discharges, contracted professional services, information dissemination and public relations, etc.). A program director with a Ph.D. in special education supervises all staff training and program development. Two of the smaller homes are managed by one teaching supervisor. Each of these homes also has one leadworker on staff who is a senior person to assist new staff and provide direction in the absence of their immediate supervisor. The larger home serving twelve children is managed by one teaching supervisor with a leadworker on each shift. A full time nurse supervises all medical treatment and follow through with all residents (see attached organizational charts).

ADDITIONAL INFORMATION

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